

**CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE
SUPPLEMENTAL APPLICATION EXAMINATION FOR**

Plant Quarantine Inspector

PRINT YOUR NAME: _____
Your supplemental application will not be scored if you do not provide your name.

YOUR SOCIAL SECURITY NUMBER: _____
Providing your social security number is voluntary in accordance with the Privacy Act of 1974 (PL 93-579). Failure to provide all or any part of the requested information may delay processing of this form.

Please read and follow these instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Plant Quarantine Inspector with the Department of Food and Agriculture (CDFA). The information you provide will be rated based on objective criteria. That rating will be used to determine your final score in this examination. If successful, your name will be merged onto a list based on your final score. A "631 Location Preference Form" is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to read and follow the instructions carefully.

FAILURE TO ACCURATELY AND PROPERLY COMPLETE THIS SUPPLEMENTAL APPLICATION WILL RESULT IN YOUR ELIMINATION FROM THIS EXAMINATION.

NOTE: Please keep in mind that all information provided on this supplemental application will be subject to verification at any time during the examination process, hiring process and even after gaining employment. **Anyone who misrepresents their experience will be subject to adverse consequences that may include one or all of the following actions:** Removal from the examination process; removal from the certification list; loss of State employment; and/or loss of rights to complete in any future State examinations. Please respond honestly and accurately.

I certify and understand that the information provided by me on this Supplemental Application is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination.

Your signature: _____ Date: _____

MAILING INSTRUCTIONS:

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678, (you may download a copy of the STD. 678 from the State Personnel Board's website at www.spb.ca.gov) to the address below:

California Department of Food and Agriculture
Human Resources Branch
1220 N Street, Room 242
Sacramento, CA 95814
Attention: Carol DeBernardi

PLANT QUARANTINE INSPECTOR Supplemental Application

PART I WILLINGNESS:

The following five (5) questions are job requirements. Please respond to each question by marking the appropriate box. If you are not willing or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

- | | | |
|---------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Work odd and irregular hours? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Reside in areas distant from centers of populations? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Work in adverse weather conditions, including wind, snow, or excessive heat/cold? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Work Saturdays, Sundays, and Holidays? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Perform physical duties, such as lifting, climbing, standing, bending, and stooping etc. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

INSTRUCTIONS: Please read and complete all questions carefully. Circle the letter (A, B, C, or D) under each question using the corresponding phrase (from the 4 Experience descriptions below) that best describes your experience; then in the area indicated below each question, indicate when, where, and how you gained this experience. Supplemental applications that do not include this information will not be scored and the candidate will be eliminated from the exam. If your explanation does not demonstrate the appropriate experience, you will not receive credit for the item. Additionally, credit will not be given for items not circled, marked or incorrectly marked. Your responses to each question will be used to determine your final score. You may use a pen or pencil to complete the Supplemental Application.

LIMIT YOUR RESPONSES TO THE SPACE PROVIDED. NO ADDITIONAL PAGES WILL BE ACCEPTED.

PART II EXPERIENCE:

(Qualifying experience can be either in a paid, training, or volunteer position).

- Circle **A** I have no experience in this area.
Circle **B** I have limited experience (1-3 months) in this area.
Circle **C** I have had 4-9 months experience in this area
Circle **D** I have had extensive experience (9+ months).

1. **Inspecting agricultural commodities such as fruits, vegetables, and nursery stock for the presence of agricultural pests?**

A B C D

Employer: _____

Supervisor Name & Phone: _____

Dates: _____

Briefly describe your job duties and responsibilities related to this task:

2. Dealing with the public?

A B C D

Employer: _____

Supervisor Name & Phone: _____

Dates: _____

Briefly describe your job duties and responsibilities related to this task:

3. Working as part of a team?

A B C D

Employer: _____

Supervisor Name & Phone: _____

Dates: _____

Briefly describe your job duties and responsibilities related to this task:

4. Writing reports, documents, letters, etc?

A B C D

Employer: _____

Supervisor Name & Phone: _____

Dates: _____

Briefly describe your job duties and responsibilities related to this task:

5. Interpreting laws, rules, and regulations?

A B C D

Employer: _____

Supervisor Name & Phone: _____

Dates: _____

Briefly describe your job duties and responsibilities related to this task:

6. Cooperating and working with regulatory agencies?

A B C D

Employer: _____

Supervisor Name & Phone: _____

Dates: _____

Briefly describe your job duties and responsibilities related to this task:

7. Identifying insects and disease pests?

A B C D

Employer: _____

Supervisor Name & Phone: _____

Dates: _____

Briefly describe your job duties and responsibilities related to this task:

PART III NARRATIVE QUESTIONS:

You are being given three (3) questions for which you are to provide a narrative response. Limit your responses to the space provided.

FOLLOWING DIRECTIONS

1. Briefly describe your work experience where you have been required to follow written instructions to complete your assignments. Give examples.

FOLLOWING DIRECTIONS

2. Briefly describe your work experience where you have been required to follow verbal instructions to complete assignments. Give examples.

COMMUNICATION

3. Briefly describe your experience where you had to deal with an angry or uncooperative person contacted in the course of work. Give examples of steps taken and the final outcome.

PART IV. EDUCATION: Circle the highest level of college education you have.

- (A) Up to one (1) year of general college.
- (B) One (1) year of general college with at least one (1) course in a biological science.
- (C) Two (2) years of college with a degree in any major.
- (D) Two (2) years of college with a degree in a biological or life science.
- (E) Four (4) years of college with a degree in any major
- (F) Four (4) years of college with a degree in a biological or life science

California Department of Food and Agriculture

BORDER PROTECTION STATIONS

631 LOCATION PREFERENCE FORM

Please check only the location(s) where you will accept employment.

- ☐ Alturas (2502)
- ☐ Benton (2604)
- ☐ Blythe (3302)
- ☐ Dorris (4706)
- ☐ Hornbrook (4702)
- ☐ Long Valley (1804)
- ☐ Meyers (0905)
- ☐ Needles (3615)
- ☐ Redwood Highway (0803)
- ☐ Smith River (0804)
- ☐ Topaz (2605)
- ☐ Truckee (2904)
- ☐ Tulelake (4704)
- ☐ Vidal (3636)
- ☐ Winterhaven (1306)
- ☐ Yermo (3637)

OR

- ☐ Statewide (5)

Tenure and Time Base

- ☐ Permanent Full-Time ONLY (D)
- ☐ Will work any tenure or timebase (A)

PRINT YOUR NAME

SIGN YOUR NAME

CANDIDATE IDENTIFICATION NUMBER